

Figure SC810.F72. Sample Letter Forwarding Health Benefits to OWCP

TRANSFER OF FEHB ENROLLMENT TO OWCP

OWCP District Office name and address: Date of request:
OWCP file number:
Employee's name:
Social Security Number:
Effective date of transfer:

The above-named employee is receiving compensation under the Federal Employee's Compensation Act and OWCP is withholding premiums for the employee's Federal Employees Health Benefits (FEHB) Program enrollment from the employee's compensation.

Attached are the employee's health benefits enrollment documents, which this Agency is forwarding to OWCP as specified in the Federal Employees Health Benefits Handbook. The documents include the copies of every SF2809 and SF 2810 in the employee's Official Personnel Folder beginning with the date of Initial enrollment in the FEHB Program, together with any related documentation (such as medical documentation for a disabled child over age 22). As of the effective date shown above, OWCP is the employing office for this employee.

The reason for this action is:

{ } This employee is separating (or has separated on) _____.
(date)

{ } This employee will complete 365 days in nonpay status on _____.
(date)

If you have any questions concerning this transfer, you may contact:

Name of contact:

Telephone number:

Sincerely,

MELVIN A. BROWN
Injury Compensation
Administrator